

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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47						
48						
49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	15		15		15	
TOTAL CLAIMS	16					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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